

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 1999-JUNE 30, 2000**

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: District Attorney's Office

Division/Unit: Victim/Witness Assistance Program

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol <u>11</u>	Hours <u>1531</u>	x	\$14.83	=	\$22,704.73
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Types of work performed by GENERAL VOLUNTEERS in this category: \_\_\_\_\_

Typing contact letters and reviewing crime reports.

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol _____	Hours _____	x	\$14.83	=	_____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category: \_\_\_\_\_

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions, requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

Position _____	Hours _____	x	VCL _____	=	Dollar Benefit _____
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No. Vol _____	Total Hours _____	Total Value	\$ _____
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Types of work performed by SPECIALIZED VOLUNTEERS in this category: \_\_\_\_\_

d. TOTAL OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a:	11	1531	\$ 22,704.73
2b:			\$
2c:			\$

<b>TOTALS:</b>			\$ 22,704.73
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair value to each and add to the total value of the donation section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
None	\$		\$
	\$		\$

<b>TOTAL VALUE</b>	\$
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4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 138 x Rate \$ 15.41 = \$ 2,126.58

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 40 x Rate \$ 19.96 = \$ 788.40

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS = \$ \_\_\_\_\_

d. TOTAL OF VOLUNTEER PROGRAM COST  
(add 4a, 4b, and 4c) = \$ 2,914.98

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (page 2)	\$ 22,704.73
b. Total of Donations to Volunteer Program, Item (page 2)	\$ _____
ADD a + b	\$ _____
c. Subtract Total of Volunteer Program Costs, Item 4d (page 3)	(\$ 2,914.98 )
TOTAL PROGRAM BENEFIT	\$ 19,789.75

6. **RECRUITING:**

Please describe your recruiting programs:

United Way, UCSD Internship Program, SDSU Internship Program, and RSVP.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Volunteer appreciation reception hosted by District Attorney Paul J. Pfingst  
Volunteers helped with registration at the Elder Abuse TRIAD Community Involvement  
Volunteer appreciation luncheon hosted by Victim/Witness Advocates

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2000-01:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition, and other goals:

Recruit volunteers to work in the Joint Powers unit. Have a recognition luncheon for all District Attorney volunteers.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Bob Hensley

Phone Number: 531-4290 Mail Stop D445 E-Mail

Volunteer Coordinator: Bob Hensley

Phone Number: 531-4290 Mail Stop D445 E-Mail

10. **DEPARTMENT CERTIFICATION:**

  
Department Head Signature

7-14-00  
Date